

Подписав эту форму, я подтверждаю, что вся предоставленая мной информация верна.

Форма регистрации возврат налогов из Дании

Дата рождения:	Напишите латинским	ли буквами
Тел./моб. тел.: Эл. почта: CPR number (Personal Identity Number) 10 знаков: Хотите ли Вы обратиться через нашу фирму насчёт возврата невыплаченных отпускных? Да Нет	Имя, Фамилия:	Адрес
Эл. почта: CPR number (Personal Identity Number) 10 знаков: Хотите ли Вы обратиться через нашу фирму насчёт возврата невыплаченных отпускных? Да	Дата рождения:	для корреспонденции
СРЕ питьег (Personal Identity Number) 10 знаков:	Тел./моб. тел.:	
Хотите ли Вы обратиться через нашу фирму насчёт возврата невыплаченных отпускных? Да	Эл. почта:	
Если «да», то получали ли Вы письмо от FerieKonto по поводу отпускных? Да Нет Даты прибытия и убытия (кроме короткого отпуска): прибытие	CPR number (Personal Identity Number) 10	знаков:
Адрес, по которому проживали в Дании: Даты прибытия и убытия (кроме короткого отпуска): прибытие	Хотите ли Вы обратиться через нашу фирму	<i>у</i> насчёт возврата невыплаченных отпускных? Да Нет
Даты прибытия и убытия (кроме короткого отпуска): прибытие	Если «да», то получали ли Вы письмо от Fer	ieKonto по поводу отпускных? Да Нет
прибытие	Адрес, по которому проживали в Дании:	
Сколько у Вас было работодателей? 1 2 3 4 5 более чем 5 Поросим предоставить информацию обо всех работодателях. Если этого не сделаете, возвращение налогов может быть затруднено. Если не хватает места, то информацию о месте работы разместите на другой стороне листа. 1. Компания: Теl./Fax: Адрес: Эл.почта Расстояние от дома до места работы км Работали с :	прибытие г. / мо прибытие г. / мо прибытие г. / мо мо г. / мо мо г. /	ec. / д. убытие г. / мес. / д. ec. / д. убытие г. / мес. / д. ec. / д. убытие г. / мес. / д. ? Да Нет
Просим предоставить информацию обо <u>всех работодателях</u> . Если этого не сделаете, возвращение налогов может быть затруднено. Если не хватает места, то информацию о месте работы разместите на другой стороне листа. 1. Компания: Те!./Fax: Адрес: Расстояние от дома до места работы км Работали с : ч. / мес. / г. до ч. / мес. / г. Примечания Клиента: 2. Компания: Адрес: Те!./Fax:		Данные о работодателях
Расстояние от дома до места работы км Работали с :ч. /мес. /г. доч. /мес. /г. 2. Компания: Адрес: Tel./Fax:	Просим предоставить информацию обо всех работо	одателях. Если этого не сделаете, возвращение налогов может быть затруднено. оты разместите на другой стороне листа.
Работали с :	Адрес:	Эл.почта
Примечания Клиента: 2. Компания: Адрес:		
2. Компания:	Примечания Клиента:	Работали с :ч. /мес. /г. доч. /мес. /г.
Tel./Fax:	Tiphine Idinin Totaleria.	2. Компания:
		Адрес:
Эл.почта		Tel./Fax:
		Эл.почта
Расстояние от дома до места работы км Работали с :ч. /мес. /г. доч. /мес. /г.		• • • • • • • • • • • • • • • • • • • •
Примечания RT Tax: 3. Компания:	Примечания RT Tax:	3. Компания:
Адрес:		Адрес:
Tel./Fax:		Tel./Fax:
Эл.почта		Эл.почта
Расстояние от дома до места работы км		Расстояние от дома до места работы км
Работали с :ч. /мес. /г. доч. /мес. /г.		

Подпись:

Дата:



ЗАЯВЛЕНИЕ О ВОЗВРАТЕ НАЛОГОВ «Money Transfer Form»

ВАЖНО! Бывают случаи, когда налоговая инспекция высылает чек прямо Вам на домашний адрес. В таком случае Вы должны связаться с нами (по эл.почте: info@unics-center.com) и уплатить комиссионную плату за оказанные услуги.

ВАШЕ ИМЯ:		
(ПИШИТЕ АНГЛИЙСКИМИ БУКВАМИ)	(Имя, Отчество,	Фамилия)
		
	(улица, номер д	ома, квартиры или номер комнаты)
	(область, дерев	
	(почтовый инде	кс и страна)
	Ваша банковская	информация:
прикрепить выписку из банка с • Если банку потребуется прои информации, будет взыматься РЕКВИЗИТЫ БАНКА ПОЛУЧА ЛИЧНЫЙ БАНКОВСКИЙ СЧЕТ В В	ЗА БАНКОВСКИЕ УСЛУГИ СОСТ СТИ ЗА ЛЮБЫЕ ПЛАТЕЖИ, КОТ НТА. ти, просим связаться с работн реквизитами Вашего счета д звести повторное платёжное дополнительная плата в 15 Е	АВЛЯЕТ 15 EUR ГОРЫЕ ником своего банка. Также можете нля международного перевода денег. поручение из-за неточной или неполной
ПОЛНОЕ ИМЯ ВЛАДЕЛЬЦА СЧЕТ	A:	
БАНКОВСКАЯ ИНФОРМАЦИЯ:		
_	(ПОЛНОЕ НАЗВА	НИЕ БАНКА; НАЗВАНИЕ ОТДЕЛЕНИЯ БАНКА)
	SWIFT код банка	ı
	(АДРЕС БАНКА:	ГОРОД И СТРАНА)
РЕКВИЗИТЫ БАНКА-КОРРЕСІ (Банк-корреспондент не может быть тем		
	(ПОЛНОЕ НАЗВА	.НИЕ БАНКА)
(SWIFT код	банка)	(НОМЕР СЧЕТА БАНКА-КОРРЕСПОНДЕНТА)
	(АДРЕС БАНКА)	

Подписав эту форму, я подтверждаю, что вся предоставленая мной информация верна. Соглашаюсь со всеми условиями, указанными в этой форме.

Подпись:

X

Дата: 2 0 _ _ / _ _ / _ _



Power of Attorney Denmark

I, the undersigned	CPR nr
residing at	
(hereinafter referred to as the "Principal"), hereb	y grant a power of attorney to the company,
A and Z Group, Inc. its officers and / or employees	s with its registered address at Laisves Al. 67,
Kaunas LT-44304, Lithuania, (hereinafter referred to	o as the "Agent"), to sign, verify and file all the
principal's individual repayment claims and other	tax returns; pay all taxes; claim, sue for and
receive all tax refunds; examine and copy all the p	rincipal's tax returns and records; represent the
principal before any taxing body and sign and deli-	ver all tax powers of attorney on behalf of the
principal that may be necessary for such purposes;	waive rights and sign all documents on behalf of
the principal as required to settle, pay and determi	ne all tax liabilities; and, in general, exercise all
powers with respect to tax matters which the princip	oal could if present and under no disability.
On the basis of this power of attorney A and Z Grothe authority:	up, Inc. its officers and/or employees are given
1. To act as an agent in dealing with the Principal's the tax years 2013-2017.	individual Denmark income tax applications for
2. To request from the employer and to receive Priaddress: A & Z Group Inc. Laisves Al. 67, Kaunas LT-2	
3. To use own postal address on the Principal's tax Denmark Tax Authorities.	returns. To receive all correspondence from the
The undersigned does hereby appoint A and Z Gro	oup, Inc officers and / or employees as his/her
attorney to receive, endorse, and collect cheques pa	ayable to the order of the undersigned. All rights,
powers and authority of A and Z Group, Inc its	officers and / or employees to exercise the
prerogatives granted herein shall commence and be	e in full force and effect and remain in full force
and effect for a period of twenty four months of the	date of its signing.
Date:	
Signature of the Principal: X	



Samtykkeerklæring

Blanket om samtykke til at SKAT retter henvendelse til en partsrepræsentant

Undertegnede:		
Navn		CPR-/CVR-nr.
Adresse		·
giver hermed SKAT tilladelse til,	at alle henvendelser fra SKAT ti	l mig også sendes til:
Repræsentantens navn		
Adresse		
som er min repræsentant i forholo underretning om, at tilladelsen er	tilbagekaldt.	
	Dato Un	derskrift

Payee Information			
Name:			Social security no. (CPR no.)
Address:		Postcode (ZIP):	
		City:	
		Country:	
Financial Institution	l		
IBAN no.:			
Account no.:*		Bank Code:*	
	IBAN number is not available		
BIC code (SWIFT):			
Account Currency:			
Bank Name:			
Bank Address:			Postcode (ZIP):
	_		
City:		Country:	
	Signature		
Date:			
Date:			
Date:			

form.		
Danish bank account		
Reg.		
Bankaccount number		
Bank in Europe		
Foreign bankaccount information		
IBAN-number		
SWIFT/BIC-code		
Bank in other countries		
Fedwire/Routing number/BSB code		
Account number		
Signature		
I solemnly declare that the inform	ation I have provided is correct.	
Date Signature	· · · · · · · · · · · · · · · · · · ·	
	unemployment funds and local authorities, so that they sived public benefits and holiday allowance at the aw.	
Fedwire/Routing number/BSB code Account number Signature I solemnly declare that the inform Date Signature Feriekonto submits information to can check whether you have rece	unemployment funds and local authorities, so that they gived public benefits and holiday allowance at the	

FerieKonto will transfer the money to your Danish NemKonto. If you wish to have the money transferred to another account you have to send us a perfect copy of your passport/drivers licence attached to this

The form must be filled in and sent to Feriekonto, Kongens Vænge 8, DK-3400 Hillerød

Guidelines on page 3

FerieKonto



Supplementary information to the tax assessment notice for 2016 Ergänzende Angaben zum Steuerbescheid 2016 Dodatkowe informacje do zeznania podatkowego za 2016

Supplerende oplysninger til årsopgørelsen for 2016

Name and address Name und Adresse Imie, nazwisko, adres Navn og adresse Civil reg. no.
Personenkennnummer
PESEL
Personnummer

Telefonnummer	Mail via
72 22 18 18	skat.dk/kontakt
TastSelv Internet	
skat.dk/tastselv	

Assessed deductions/Steuerfreibeträge/Odliczenie podatkowe/Ligningsmæssige frade		Box bryka ubrik	Amounts in DKK Beträge in DKK Kwota w duńskich koronach Beløb i kroner	Felt nr.
Deduction for transport between home and work				
Kilometerpauschale für Fahrten zwischen Wohnort und Arbeitsplatz				
Odliczenie kosztów dojazdów do pracy				
Befordringsfradrag		<u>51</u> _		417
Travel expenses (deduction for food and accomodation), cannot exceed DKK 26,200				
Kosten für Unterkunft und Verpflegung, maximal 26.200 kr.				
Koszty zakwaterowania i wyżywienia, maksymalnie 26.200 kr.				
Rejseudgifter (fradrag for kost og logi på rejser, højst 26.200 kr.)		53		429
If you are liable to pay tax to Denmark for a shorter period than one year: Do you wish to have your income in Denmark converted into income for the full year and combined with your personal allowance? If "Yes", mark with an X.	::			
Falls Sie nicht das ganze Jahr in Dänemark gearbeitet haben und den persönlichen Steuerfreibetrag beantragen möchten, Setzen Sie eine Markierung X.	::			
Jeśli pracowali Państwo w Danii w okresie krótszym niż rok, należy zaznaczyć X, jeżeli chcieliby Państwo uzyskać kwotę wolną od podatku.	::			
Ved skattepligt til Danmark i en kortere periode end ét år: ønsker du personfradrag kombineret med helårsomregning af din delårsindkomst? Hvis ja, sæt X	::	69		722:9

Please fill in the periods of employment:

Bitte hier die Beschäftigungszeiträume eintragen:

O okresach zatrudnienia w Danii poinformuj w tym miejscu:

Oplys om arbejdsperioder i Danmark her:

Date	Signature	Contact phone number
Datum	Unterschrift	Telefonnummer für evtl. Rückfragen
Data	Podpis	Numer telefonu, pod ktorym mozna kierowac ewentualne pytania
Dato	Underskrift	Telefonnummer hvortil evt. henvendelse kan rettes

You are responsible for ensuring that the information declared is accurate and complete. Es ist Ihre Verantwortung, dass die Informationen in der Steuererklärung vollständig und korrekt sind. To jest twoj obowiazek i zapewnienie, ze podane informacje sa kompletne i prawidlowe.

Det er dit ansvar, at de selvangivne oplysninger er fyldestgørende og korrekte.



Agreement

	This !	Services Agreement (the "Agreement") is executed by and between: Date:
(1)		ution NV (dba RT Tax), company code 126057, represented by the person dully authorized under existing legislation (the "Service Provider"); and
(2)		, date of birth (the "Client").
	Hereinaft	er the Service Provider and the Client together are referred to as the "Parties" and each separately as the "Party".
(A)	The Service	e Provider provides tax refund and related services and the Client wishes to recover the personal income tax paid due to work abroad or on other grounds.
(B) 1.	The Parties Subject ma	s wish to agree on the terms and conditions of tax refund.
1.1.		nce with the terms and conditions set in this Agreement, the Service Provider shall provide to the Client tax refund and related services, i.e. shall draw up the documents necessary fo
1.1.	the refu	and of the taxes paid by the Client in the United States of America, United Kingdom, Ireland, the Netherlands, Germany, Norway, Canada, New Zealand, Australia, Denmark, Austria risdiction and shall present them to the corresponding tax authorities or other competent institutions (the "Services"), and the Client shall accept and remunerate for such Services.
1.2.		reement the Client authorises the Service Provider to prepare, sign and file tax returns and to receive all correspondence, including tax refund cheques, from tax authorities. Service r will as necessary disclose that he is acting as the nominee of the Client and all the actions are made in the name and on behalf of the Client.
1.3.	Refund	be refunded to the Client by a bank transfer of the refunded amount to the bank account or by a bank cheque drawn in the name of the nominee indicated by the Client. The Ta Cheque shall be collected and the tax refund amount shall be transferred to the Client by the Collection Services Provider in accordance with the terms and conditions set in the page of the Chient and the Collection Services Provider.
1.4.	The final a	mount of the taxes to be refunded shall be established by a competent institution of the foreign country. The amounts calculated by the Service Provider are for information purposed to not entitle the Client to claim the preliminarily calculated amount.
2.		rovision of Services
2.1.	The Service	e Provider hereby undertakes:
	2.1.1. 2.1.2.	to provide the Client information on the documents that the Client needs to submit to the Service Provider for the purposes of filing for the tax refund; to collect, complete and sign all the required forms, requests and other related documents on behalf of the Client;
	2.1.3.	to submit the required documents to the respective tax authorities or other competent institutions that are responsible for tax refunds;
	2.1.4.	to inform the Client about the process of the tax refund and other related matters at the Client's request;
	2.1.5.	to transfer the Tax Refund Cheque to the Collection Services Provider for collection under the Collection Agreement executed between the Client and the Collection Services Provider or to instruct the tax authority to transfer the tax refund amount to the Collection Services Provider for subsequent transfer of tax refund amount to the Client.
2.2.	The Client	hereby undertakes:
	2.2.1.	to provide to the Service Provider complete, true and accurate information and documents (originals and copies) required for the completion of the tax refund. The Client is
		entitled to provide the information either by filling in paper forms provided by Services Provider or by filling in the online information form available at the Service Provider internet site;
	2.2.2.	to fill in and sign any forms and other documents required for the completion of the tax refund;
	2.2.3.	to inform the Service Provider immediately and in all cases not later than within 5 (five) days, if the foreign tax or other authority transfers the refunded amount or a part thereof or sends the Tax Refund Cheque for the full refund amount or a part thereof directly to the Client and to pay the Service Fees to the Service Provider;
	2.2.4. 2.2.5.	during the validity term of this Agreement to abstain from executing tax refund services agreements with other service providers; to inform the Service Provider of the new employment or self-employment in a foreign country;
	2.2.6.	to inform the Service Provider of any changes in the Client's contact details or about any other changes that may have impact to the tax refund. The information can be update on the internet site of the Service Provider or e-mailed;
	2.2.7.	to pay the Service Provider the Service Fee as set out in Section 3 hereof.
3.	The Servic	• •
3.1.	The fee for	r the Services (the "Service Fee") for refunding taxes for each tax year shall be:
	3.1.1.	United Kingdom, if the tax refund amount is between GBP 0-100, the service fee shall be GBP 35; GBP 101-200, the service fee shall be GBP 50; GBP 201-600, the service fe shall be GBP 55; GBP 601 and more, the service fee shall be 11% from the refunded amount.
	3.1.2.	Ireland: the service fee shall be 11% from the refunded amount with a fixed minimum of 60 EUR;
	3.1.3.	Ireland tax refund (Universal Social Charge (USC)): the service fee shall be 11% from the refunded amount with a fixed minimum of 60 EUR;
	3.1.4. 3.1.5.	Norway: the service fee shall be 14% from the refunded amount, with a fixed minimum of NOK 919; The Netherlands: the service fee shall be 14% from the refunded amount with a fixed minimum of EUR 95;
	3.1.6.	The Netherlands social security (Zorgtoeslag) refund: the service fee shall be 15% from the refunded amount with a fixed minimum of EUR 49;
	3.1.7.	Germany: the service fee shall be 14% from the refunded amount with a fixed minimum of EUR 50;
	3.1.8.	Denmark: the service fee shall be 14% from the refunded amount, with a fixed minimum of 769 DKK; For the service that has been carried out for Denmark holiday allowanc refund (Feriepenge) in Denmark, Service Provider is entitled to commission fee 14% from the refunded amount, with a fixed minimum of 590 DKK.
3.2.	The addition	
	3.2.1. F	or the retrieval of the lost or missing documents shall be for P-45/P-60 (United Kingdom) – GBP 15, P-60 (Ireland) – EUR 17, RF-1015B (Norway) – NOK 150, "Jaaropgaaf" form (the letherlands) – EUR 17, "Lohnsteuerkarte" (Germany) – EUR 17, "Oplysningsseddel" form (Denmark) – 150 DKK.
3.3.	The Client	shall also compensate the fees and costs incurred by the Service Provider in the tax refund process that could not be foreseen at the moment of the execution of this Agreement a the pricelist of the Service Provider.
3.4.	The amour	nt of the payable VAT (if applicable) shall be added to all amounts indicated in Sections 3.1-3.3 hereof. The fees established in Sections 3.1-3.2 may be changed by the Service Provide ally and shall be applicable to any request of the Client to provide the Services submitted after the Client has received notice on the change of fees.
3.5.		e Fee shall be deducted from the amount received after the tax refund prior to the transferring it to the Client's account.
4.	Liability	·
4.1.	obligation	nt terminates the Agreement for the other reasons than failure by the Service Provider to perform its obligations after the filing for the tax refund is done or in case of breach consists out in Section 2.2.4 hereof, the Client shall pay the fine of USD 100 and shall cover all expenses of the Service Provider incurred due to the termination of the Agreement, not by the fine.

4.2. The Service Provider shall not be liable for: the delays in refunding taxes if the delay is caused by the foreign tax or other competent institutions; the failure to refund taxes, for the tax liability or for any other negative consequences, which occurred due to false, inaccurate or incomplete information provided by the Client or due to Client's prior financial commitments to any foreign tax or other institutions; the negative consequences incurred by the Client due to the changes in the applicable laws, rules, regulations or procedures applicable for the tax refund; additional bank charges, if the bank needs to repeat the transfer because of the incorrect or not full information provided; and any fees charged by the Client's or intermediary bank.

5. Validity of the Agreement

5.1. The Agreement shall come into force upon signing of it by both Parties and shall be valid until the proper and full performance of the obligations of the Parties set in the Agreement. The Agreement may be terminated by the mutual agreement of the Parties. The Client shall have the right to unilaterally terminate the Agreement prior to the filing for tax refund by informing the Service Provider in accordance with Section 6.1 hereof.

6. Miscellaneou6.1. All additions,

All additions, amendments and annexes to the Agreement shall be valid if they are executed in writing and signed by both Parties without prejudice to Sections 3.1-3.4 hereof. The electronic copy of the Agreement shall be provided to the Principal at his request after it is executed by the Agent. The disputes arising between the Parties regarding this Agreement or during the performance of this Agreement are settled by way of negotiations. In case of failure to come to an agreement, the disputes shall be finally settled by the competent court. All notices and other communication under this Agreement shall be in writing and shall be handed in person or sent by regular mail, e-mail or fax.

Client	X	